

(49363)58937

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Osypka et al. )

Serial No.: 09/911,563 )

Confirmation No. 6118 )

Filed: July 24, 2001 )

For: **APPARATUS FOR  
VASCULAR ACCESS** )

Group Art Unit: 3763

Examiner: Jennifer J. Maynard

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O Box 1450  
Alexandria, VA 22313-1450

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**MAR 24 2004**

TECHNOLOGY CENTER R3700

**AMENDMENT**

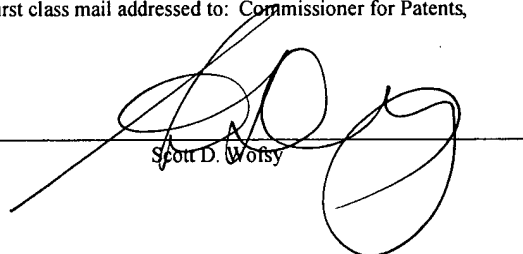
Sir:

In response to the Office Action dated January 28, 2004, please amend the above-identified application as set forth hereinbelow.

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited in first class mail addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on the date indicated below.


Date: March 19, 2004

  
Scott D. Wofsy

3763

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>			Docket No. (49363) 58937	
Applicant(s): Thomas OSYPKA, et al.				
Serial No. 09/911,563	Filing Date July 24, 2001	Examiner Maynard, Jennifer J.	Group Art Unit 3763	

Invention: **APPARATUS FOR VASCULAR ACCESS**



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TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.

☐ A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8 -	33 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	4 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>

☒ No additional fee is required for amendment.

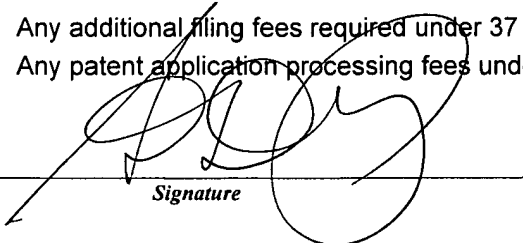
☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_

☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.

☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **04-1105**

☒ Any additional filing fees required under 37 C.F.R. 1.16.

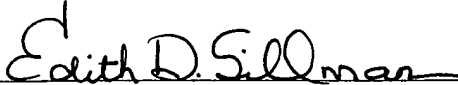
☒ Any patent application processing fees under 37 CFR 1.17.

  
 Signature

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Dated: **3/19/04**

I certify that this document and fee is being deposited on **March 19, 2004** with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
 Signature of Person Mailing Correspondence

**Edith D. Sillman**  
 Typed or Printed Name of Person Mailing Correspondence

CC: